

Field Treatment

1. Basic airway
2. Oxygen/Pulse oximetry
3. Cardiac monitoring/document rhythm and attach EKG/ECG strip
4. Shock position prn
5. Advanced airway prn
6. Venous access prn

Perfusing

7. Continuous monitoring enroute for signs of poor perfusion

Poor Perfusion

7. Consider sedation in the awake patient in preparation for cardioversion
①
8. Synchronized cardioversion up to four times
① ②

Drug Considerations

Midazolam for sedation:

- ① Titrate **1-2mg slow IVP**, may repeat every 5 minutes to maximum of 10mg. If unable to obtain venous access, may administer 2.5mg IM or IN, may repeat once in 5 minutes

Special Considerations

- ① Monophasic (100, 200, 300, 360J)
Biphasic defibrillator settings may vary, refer to manufacturer's guidelines – if unknown, use highest setting
- ② If monitor does not discharge on "synch", turn off synch and defibrillate